



FCC Form

Approval by OMB  
3060-0806**470**

## Schools and Libraries Universal Service Description of Services Requested and Certification Form

Estimated Average Burden Hours Per Response: 5.0 hours

This form is designed to help you describe the eligible telecommunications-related services you seek so that this data can be posted on the Fund Administrator website and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before completing.

(To be completed by entity that will negotiate with providers.)

### Block 1: Applicant Address and Identifications

(School, library, or consortium desiring Universal Service funding.)

Form 470 Application Number: 669180000401176

Applicant's Form Identifier:

Application Status: CERTIFIED

Posting Date: 12/14/2001

Allowable Contract Date: 01/11/2002

Certification Received Date: 12/14/2001

**1. Name of Applicant:**

SAN FRANCISCO UNIF SCHOOL DIST

**2. Funding Year:**

07/01/2002 - 06/30/2003

**3. Your Entity Number**

144152

**4. Applicant's Street Address, P.O.Box, or Route Number****a. Street**

555 Franklin Street

**City**

SAN FRANCISCO

**State**

CA

**Zip Code 5Digit**

94102

**Zip Code 4Digit**

5207

**b. Telephone number**

ext.

(415) 241- 6169

**c. Fax number**

(415) 241- 6380

**d. E-mail Address**

bmanson@esp.sfusd.edu

**5. Type Of Applicant (Check only one box)**

☐ Library (including library system, library branch, or library consortium applying as a library)

☐ Individual School (individual public or non-public school)

☒ School District (LEA; public or non-public [e.g., diocesan] local district representing multiple schools)

☐ Consortium (intermediate service agencies, states, state networks, special consortia)

**6a. Contact Person's Name:** Bruce Manson**6b. Street Address, P.O.Box, or Route Number (if different from Item 4)**

555 Franklin Street			
City	State	Zip Code 5Digit	Zip Code 4Digit
SAN FRANCISCO	CA	94102	5207
6c. Telephone Number (10 digits + ext.) (415) 241- 6169			
6d. Fax Number (10 digits) (415) 241- 6380			
6e. E-mail Address (50 characters max.) bmanson@esp.sfusd.edu			

### Block 2: Summary Description of Needs or Services Requested

<p><b>7 This Form 470 describes (check all that apply):</b></p> <p>a. <input checked="" type="checkbox"/> Tariffed services - telecommunications services, purchased at regulated prices, for which the applicant has no signed, written contract. A new Form 470 must be filed for tariffed services for each funding year.</p> <p>b. <input checked="" type="checkbox"/> Month-to-month services for which the applicant has no signed, written contract. A new Form 470 must be filed for these services for each funding year.</p> <p>c. <input checked="" type="checkbox"/> Services for which a new written contract is sought for the funding year in Item 2.</p> <p>d. <input type="checkbox"/> A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous program year.</p> <p><b>NOTE: Services that are covered by a qualified contract for all or part of the funding year in Item 2 do NOT require filing of Form 470. A qualified contract is a signed, written contract executed pursuant to posting a Form 470 in a previous program year OR a contract signed on/before 7/10/97 and reported on a Form 470 in a previous year as an existing contract.</b></p>
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<p><b>8 <input checked="" type="checkbox"/> Telecommunications Services</b></p> <p><b>Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?</b></p> <p>a. <input type="checkbox"/> YES, I have an RFP. Choose one of the following: It is available on the Web at _____ or via <input type="checkbox"/> the Contact Person in Item 6 or <input type="checkbox"/> the contact listed in Item 11.</p> <p>b. <input checked="" type="checkbox"/> NO, I do not have an RFP for these services.</p> <p><b>If you answered NO, you must list below the Telecommunications Services you seek. Specify each service or function (e.g., local voice service) and quantity and/or capacity (e.g., 20 existing lines plus 10 new ones). See the Eligible Services List at <a href="http://www.sl.universalservice.org">www.sl.universalservice.org</a> for examples of eligible Telecommunications Services, and remember that only common carrier telecommunications companies can provide these services under the universal service support mechanism. Add additional lines if needed.</b></p>
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Service or Function:	Quantity and/or Capacity:
basic telephone service (POTS, Centrex, trunk)	Up to 150 locations
long distance, calling cards	Up to 150 locations
high bandwidth service (56kb/s, ISDN, DSL, Frame relay, fractional T-1, DS-1, DS-3, OC-3, ATM, satellite, MAN, WAN, LAN interconnect	Up to 150 locations
wireless service (cellular, PCS, paging, LAN, WAN)	Up to 150 locations
video service, interactive TV, distance learning	Up to 150 locations
maintenance/installation (inside wire maintenance)	Up to 150 locations
internet 2	Up to 150 locations

homework hotline service	Up to 150 locations
dark fiber, professional services	Up to 150 locations

**9 ☒ Internet Access**

*Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?*

- a ☐ **YES**, I have an RFP. Choose one of the following: It is available on the Web at  
or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.
- b ☒ **NO**, I do not have an RFP for these services.

**If you answered NO**, you must list below the Internet Access Services you seek. Specify each **service or function** (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Internet Access Services. Add additional lines if needed.

Service or Function:	Quantity and/or Capacity:
internet access (bundled, unbundled)	Up to 150 locations
WAN, dark fiber	Up to 150 locations
high bandwidth service (56kb/s, ISDN, DSL, Frame relay, fractional T-1, DS-1, DS-3, OC-3, ATM, satellite, MAN, WAN, LAN interconnect)	Up to 150 locations
maintenance/installation	Up to 150 locations
e-mail	Up to 150 locations
construction costs, contingency fees, leasing fees, professional services, per diem, travel time	Up to 150 locations

**10 ☒ Internal Connections**

*Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?*

- a ☐ **YES**, I have an RFP. Choose one of the following: It is available on the Web at  
or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.
- b ☒ **NO**, I do not have an RFP for these services.

**If you answered NO**, you must list below the Internal Connections Services you seek. Specify each **service or function** (e.g., local area network) and quantity and/or capacity (e.g., connecting 10 rooms and 300 computers at 56Kbps or better). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Internal Connections Services. Add additional lines if needed.

Service or Function:	Quantity and/or Capacity:
wiring (Cat3, Cat5, coax, fiber, conduit, wiring accessories)	Up to 150 locations
routers, servers, switches, hubs and upgrades	Up to 150 locations
PBX, KSU, ARS, console, components and upgrades, voice compression module, VIC, VoIP	Up to 150 locations
video CODEC, MCU, MPEG encoder, PVBX, video group and desktop equipment, EMMI	Up to 150 locations
maintenance/installation, technical support, documentation, extended warranty	Up to 150 locations
wireless service, LAN	Up to 150 locations
video equipment (broadband amplifier, cable box and modem)	Up to 150 locations
ATM equipment (edge device, EMMI)	Up to 150 locations

hardware and upgrades for internal connections (CSU/DSU, antenna, tape backup, line sharing device, media converter, modem, monitor, multiplexing, satellite dish, TA, terminal server, UPS, zip drive, DIMM, transceiver)	Up to 150 locations
internal connections components (backup power supply and batteries, cabinets, and power strips, circuit card, ethernet card, graphics card, hard disk array controller, RAID, MAU, NIC, SNMP module, multiport serial card)	Up to 150 locations
operational software and upgrades, e-mail software, client access licenses, programming and configuration charges	Up to 150 locations
construction costs, contingency fees, leasing fees, professional services, per diem, travel time	Up to 150 locations

**11** (Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the signer of this form.

Name:

**Bruce Manson**

Title:

**Director of Special Projects**

Telephone number (10 digits + ext.)

**(415) 241 - 6169**

Fax number

**(415) 241 - 6038**

E-mail Address (50 characters max.)

**bmanson@esp.sfusd.edu**

**12.** ☐ Check here if there are any restrictions imposed by state or local laws or regulations on how or when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures, and/or give Web address where they are posted.

**13.** (Optional) Purchases in future years: If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services, summarize below (including the likely time-frames).

### Block 3: Technology Assessment

**14.** ☐ **Basic telephone service only:** If your application is for basic local and long distance voice telephone service only, check this box and skip to Item 16.

**15.** Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is ONLY for basic telephone service, you must check at least one box in (a) through (e). You may provide details for purchases being sought.

**a.** Desktop communications software: Software required ☐ has been purchased; and/or ☒ is being sought.

**b.** Electrical systems: ☐ adequate electrical capacity is in place or has already been arranged; and/or ☒ upgrading for additional electrical capacity is being sought.

**c.** Computers: a sufficient quantity of computers ☐ has been purchased; and/or ☒ is being sought.

- d. Computer hardware maintenance: adequate arrangements ☐ have been made; and/or ☒ are being sought.
- e. Staff development: ☐ all staff have had an appropriate level of training or additional training has already been scheduled; and/or ☒ training is being sought.
- f. Additional details: Use this space to provide additional details to help providers to identify the services you desire.

#### Block 4: Recipients of Service

#### 16. Eligible Entities That Will Receive Service:

Check the ONE choice that best describes this application and the eligible entities that will receive the services described in this application.

You must select a state if (b) or (c) is selected: CA

a. ☐ Individual school or single-site library: Check here, and enter the billed entity in Item 17.

b. ☐ Statewide application (check all that apply):

- ☐ All public schools/districts in the state:  
☐ All non-public schools in the state:  
☐ All libraries in the state:

If your statewide application includes INELIGIBLE entities, check here. ☐ If checked, complete Item 18.

c. ☒ School district, library system, or consortium application to serve multiple eligible sites:

Number of eligible sites	150
<i>For these eligible sites, please provide the following</i>	
Area Codes (list each unique area code)	Prefixes associated with each area code (first 3 digits of phone number) separate with commas, leave no spaces
415	241, 242, 263, 291, 330, 452, 469, 522, 695, 74
If your application includes INELIGIBLE entities, check here. <input type="checkbox"/> If checked, complete Item 18.	

#### 17. Billed Entities

Entity Name	Entity Number
SAN FRANCISCO UNIF SCHOOL DIST	144152

**18. Ineligible Entities****Ineligible Participating  
Entity****Entity  
Number****Area  
Code****Prefix****Block 5: Certification****19. The applicant includes:(Check one or both)**

- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to) elementary and secondary schools, colleges and universities.

**20. All of the individual schools, libraries, and library consortia receiving services under this application are covered by:**

- a. ☐ individual technology plans for using the services requested in the application
- b. ☒ higher-level technology plans for using the services requested in the application
- c. ☐ no technology plan needed; application requests basic local and long distance telephone service only.

**21. Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):**

- a. ☒ technology plan(s) has/have been approved by a state or other authorized body.
- b. ☐ technology plan(s) will be approved by a state or other authorized body.
- c. ☐ no technology plan needed; application requests basic local and long distance telephone service only. .

22. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

23. ☒ I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.

24. ☒ I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

25. Signature of authorized person: ☒

26. Date (mm/dd/yyyy): 07/14/2001

27. Printed name of authorized person: Bruce Manson

28. Title or position of authorized person: Director of Special Projects

29. Telephone number of authorized person: (415) 241 - 6169 ext.

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FCC Form

Approval by OMB  
3060-0806**470**

# Schools and Libraries Universal Service Description of Services Requested and Certification Form

Estimated Average Burden Hours Per Response: 5.0 hours

This form is designed to help you describe the eligible telecommunications-related services you seek so that this data can be posted on the Fund Administrator website and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before completing.

(To be completed by entity that will negotiate with providers.)

**Block 1: Applicant Address and Identifications**

(School, library, or consortium desiring Universal Service funding.)

Form 470 Application Number: 113130000372027

Applicant's Form Identifier: 7/1/2002

Application Status: CERTIFIED

Posting Date: 11/14/2001

Allowable Contract Date: 12/12/2001

Certification Received Date: 11/19/2001

**1. Name of Applicant:**

DENVER SCHOOL DISTRICT 1

**2. Funding Year:**

07/01/2002 - 06/30/2003

**3. Your Entity Number**

142154

**4. Applicant's Street Address, P.O.Box, or Route Number****a. Street**

900 GRANT ST

**City**

DENVER

**State**

CO

**Zip Code 5Digit**

80203

**Zip Code 4Digit**

2907

**b. Telephone number**

ext.

(303) 764- 3200

**c. Fax number**

(303) 764- 3774

**d. E-mail Address**

bbullard@dpsk12.org

**5. Type Of Applicant (Check only one box)**

☐ Library (including library system, library branch, or library consortium applying as a library)

☐ Individual School (individual public or non-public school)

☒ School District (LEA; public or non-public [e.g., diocesan] local district representing multiple schools)

☐ Consortium (intermediate service agencies, states, state networks, special consortia)

**6a. Contact Person's Name:** Bud Bullard**6b. Street Address, P.O.Box, or Route Number (if different from Item 4)**

780 Grant St.			
City Denver	State CO	Zip Code 5Digit 80203	Zip Code 4Digit 2907
6c. Telephone Number (10 digits + ext.) (303) 764- 3222			
6d. Fax Number (10 digits) (303) 764- 3774			
6e. E-mail Address (50 characters max.) bbullard@dpsk12.org			

**Block 2: Summary Description of Needs or Services Requested**

**7 This Form 470 describes (check all that apply):**

a. ☒ Tariffed services - telecommunications services, purchased at regulated prices, for which the applicant has no signed, written contract. A new Form 470 must be filed for tariffed services for each funding year.

b. ☒ Month-to-month services for which the applicant has no signed, written contract. A new Form 470 must be filed for these services for each funding year.

c. ☒ Services for which a new written contract is sought for the funding year in Item 2.

d. ☐ A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous program year.

**NOTE: Services that are covered by a qualified contract for all or part of the funding year in Item 2 do NOT require filing of Form 470. A qualified contract is a signed, written contract executed pursuant to posting a Form 470 in a previous program year OR a contract signed on/before 7/10/97 and reported on a Form 470 in a previous year as an existing contract.**

**8 ☒ Telecommunications Services**

**Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?**

a. ☒ YES, I have an RFP. Choose one of the following: It is available on the Web at \_\_\_\_\_ or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

b. ☒ NO, I do not have an RFP for these services.

**If you answered NO, you must list below the Telecommunications Services you seek. Specify each service or function (e.g., local voice service) and quantity and/or capacity (e.g., 20 existing lines plus 10 new ones). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Telecommunications Services, and remember that only common carrier telecommunications companies can provide these services under the universal service support mechanism. Add additional lines if needed.**

Service or Function:	Quantity and/or Capacity:
Basic Telephone Service	146 Sites
Cellular Service	Cell Service for 2000 Staff
Centrex	146 Sites
DS-1(Digital Signal 1)	146 Sites
Frame Relay Service	8 Locations
High Capacity Service	90 Sites
ISDN	146 Sites
Long Distance Service & Charges	Centralize for 146 Sites
Paging Service	Paging for 1500 Employees
Wide Area Network (WAN)	AT&T Inet for 35 Sites

Wireless Wide Area Network	Wireless WAN for 5 District Sites
Professional Services	146 Sites

**9 ☒ Internet Access**

*Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?*

a ☐ YES, I have an RFP. Choose one of the following: It is available on the Web at  
or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

b ☒ NO, I do not have an RFP for these services.

**If you answered NO**, you must list below the Internet Access Services you seek. Specify each **service or function** (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Internet Access Services. Add additional lines if needed.

Service or Function:	Quantity and/or Capacity:
Basic Unbundled Access	146 Sites Centralized Support
Bundled Access	146 Sites Centralized Support

**10 ☒ Internal Connections**

*Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?*

a ☐ YES, I have an RFP. Choose one of the following: It is available on the Web at  
or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

b ☒ NO, I do not have an RFP for these services.

**If you answered NO**, you must list below the Internal Connections Services you seek. Specify each **service or function** (e.g., local area network) and quantity and/or capacity (e.g., connecting 10 rooms and 300 computers at 56Kbps or better). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Internal Connections Services. Add additional lines if needed.

Service or Function:	Quantity and/or Capacity:
Battery Backup	146 Sites
Cabinet Mounted Power Strips	146 Sites
CODEC	146 Sites
Key System KSU	8 Sites
Local Area Network (LAN)	146 Sites
Maintenance	146 Sites
Private Branch Exchange (PBX)	12 Sites
Racks	146 Sites
Servers	146 Sites
Software	146 Sites
Video Equipment	146 Sites
Wireless Local Area Network	146 Sites
Wiring, Internal	146 Sites

**11** (Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the signer of this form.

Name:	Title:
Bud Bullard	Manager of Data and Voice Communications
Telephone number (10 digits + ext.)	
(303) 764 - 3222	
Fax number	
(303) 764 - 3774	
E-mail Address (50 characters max.)	
bbullard@dpsk12.org	
<p>12. <input checked="" type="checkbox"/> Check here if there are any restrictions imposed by state or local laws or regulations on how or when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures, and/or give Web address where they are posted.</p> <p><b>Tabor Amendment listed on the <a href="http://www.aclin.org/webtele/form470.htm">www.aclin.org/webtele/form470.htm</a> Web Site: "A Colorado Constitutional Amendment prohibits public schools and libraries from entering into multiple-year financial obligations, such as multi-year contracts, without pre-allocation of the funds unless the local voters have previously approved such an obligation. [Colo. Const. Article X, Section 20(4)(b)] However, funding agreements, including multi-year contracts, that are subject to annual appropriations by a governing board, such as a school board, generally are allowed and are not subject to this constitutional provision since the governing board decides each year to make a particular expenditure".</b></p>	
<p>13. (Optional) Purchases in future years: If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services, summarize below (including the likely time-frames).</p>	

### Block 3: Technology Assessment

14.	<input type="checkbox"/> <b>Basic telephone service only:</b> If your application is for basic local and long distance voice telephone service only, check this box and skip to Item 16.
15.	Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is ONLY for basic telephone service, you must check at least one box in (a) through (e). You may provide details for purchases being sought.
a.	Desktop communications software: Software required <input checked="" type="checkbox"/> has been purchased; and/or <input type="checkbox"/> is being sought.
b.	Electrical systems: <input checked="" type="checkbox"/> adequate electrical capacity is in place or has already been arranged; and/or <input type="checkbox"/> upgrading for additional electrical capacity is being sought.
c.	Computers: a sufficient quantity of computers <input checked="" type="checkbox"/> has been purchased; and/or <input type="checkbox"/> is being sought.
d.	Computer hardware maintenance: adequate arrangements <input checked="" type="checkbox"/> have been made; and/or <input type="checkbox"/> are being sought.
e.	Staff development: <input checked="" type="checkbox"/> all staff have had an appropriate level of training or additional training has already been scheduled; and/or <input type="checkbox"/> training is being sought.
f.	Additional details: Use this space to provide additional details to help providers to identify the services you desire.

### Block 4: Recipients of Service

**16. Eligible Entities That Will Receive Service:**

Check the ONE choice that best describes this application and the eligible entities that will receive the services described in this application.

You must select a state if (b) or (c) is selected: **CO**

a. ☐ **Individual school or single-site library:** Check here, and enter the billed entity in Item 17.

b. ☐ **Statewide application (check all that apply):**

- ☐ All public schools/districts in the state:  
☐ All non-public schools in the state:  
☐ All libraries in the state:

If your statewide application includes INELIGIBLE entities, check here. ☐ If checked, complete Item 18.

c. ☒ **School district, library system, or consortium application to serve multiple eligible sites:**

<b>Number of eligible sites</b>	146
<i>For these eligible sites, please provide the following</i>	
<b>Area Codes</b> (list each unique area code)	<b>Prefixes associated with each area code</b> (first 3 digits of phone number) separate with commas, leave no spaces
303	216, 277, 292, 295, 296, 297, 307, 320, 321, 32
720	855, 941
If your application includes INELIGIBLE entities, check here. <input type="checkbox"/> If checked, complete Item 18.	

**17. Billed Entities**

Entity Name	Entity Number
DENVER SCHOOL DISTRICT 1	142154

**18. Ineligible Entities**

Ineligible Participating Entity	Entity Number	Area Code	Prefix
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**Block 5: Certification**

**19. The applicant includes:(Check one or both)**

- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to) elementary and secondary schools, colleges and universities.

**20. All of the individual schools, libraries, and library consortia receiving services under this application are covered by:**

- a. ☐ individual technology plans for using the services requested in the application
- b. ☒ higher-level technology plans for using the services requested in the application
- c. ☐ no technology plan needed; application requests basic local and long distance telephone service only.

**21. Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):**

- a. ☒ technology plan(s) has/have been approved by a state or other authorized body.
- b. ☐ technology plan(s) will be approved by a state or other authorized body.
- c. ☐ no technology plan needed; application requests basic local and long distance telephone service only. .

22. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

23. ☒ I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.

24. ☒ I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

25. Signature of authorized person: ☒

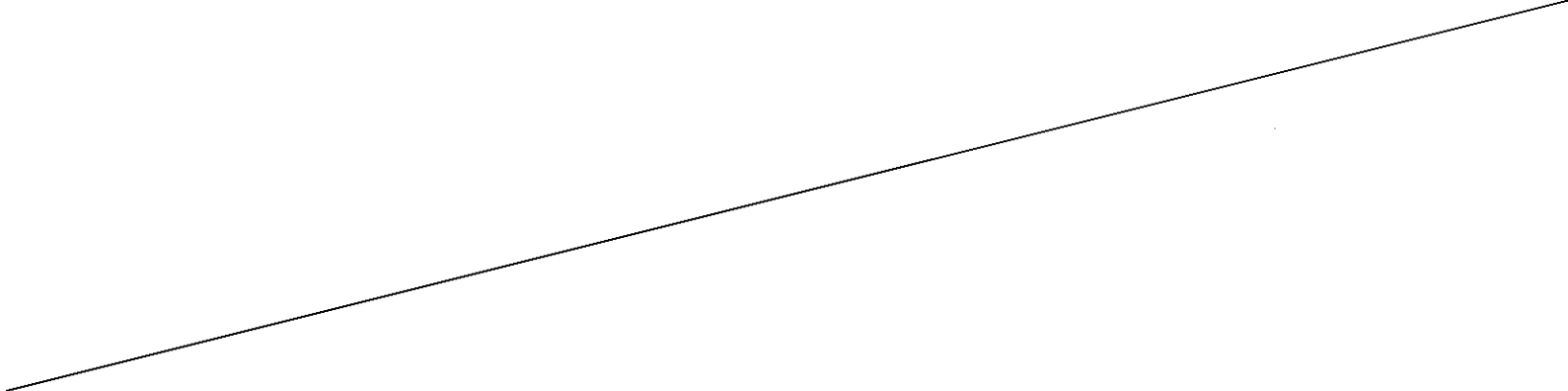
26. Date (mm/dd/yyyy): 11/14/2001

27. Printed name of authorized person: Dr. Jerome Wartgow

28. Title or position of authorized person: Superintendent

29. Telephone number of authorized person: (303) 764 - 3300 ext.

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FCC Form

Approval by OMB  
3060-0806**470**

# Schools and Libraries Universal Service Description of Services Requested and Certification Form

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Please read instructions before completing.

(To be completed by entity that will negotiate with providers.)

**Block 1: Applicant Address and Identifications**

(School, library, or consortium desiring Universal Service funding.)

Form 470 Application Number: 233480000378235

Applicant's Form Identifier: MOKCMSD.47001.2002

Application Status: CERTIFIED

Posting Date: 11/20/2001

Allowable Contract Date: 12/18/2001

Certification Received Date: 11/20/2001

**1. Name of Applicant:**

KANSAS CITY SCHOOL DISTRICT

**2. Funding Year:**

07/01/2002 - 06/30/2003

**3. Your Entity Number**

137143

**4. Applicant's Street Address, P.O.Box, or Route Number****a. Street**

1211 MCGEE STREET

**City**

KANSAS CITY

**State**

MO

**Zip Code 5Digit**

64106

**Zip Code 4Digit**

2416

**b. Telephone number**

ext.

(816) 418- 7000

**c. Fax number**

(816) 418- 7631

**d. E-mail Address**

enorwood@email.kcmsd.k12.mo.us

**5. Type Of Applicant (Check only one box)**

☐ Library (including library system, library branch, or library consortium applying as a library)

☐ Individual School (individual public or non-public school)

☒ School District (LEA; public or non-public[e.g., diocesan] local district representing multiple schools)

☐ Consortium (intermediate service agencies, states, state networks, special consortia)

**6a. Contact Person's Name:** Elonia Norwood**6b. Street Address, P.O.Box, or Route Number (if different from Item 4)**

1211 MCGEE STREET			
City	State	Zip Code 5Digit	Zip Code 4Digit
KANSAS CITY	MO	64106	2416
6c. Telephone Number (10 digits + ext.) (816) 418- 7000			
6d. Fax Number (10 digits) (816) 418- 7631			
6e. E-mail Address (50 characters max.) enorwood@email.kcmsd.k12.mo.us			

### Block 2: Summary Description of Needs or Services Requested

#### 7 This Form 470 describes (check all that apply):

- a. ☒ Tariffed services - telecommunications services, purchased at regulated prices, for which the applicant has no signed, written contract. A new Form 470 must be filed for tariffed services for each funding year.
- b. ☒ Month-to-month services for which the applicant has no signed, written contract. A new Form 470 must be filed for these services for each funding year.
- c. ☒ Services for which a new written contract is sought for the funding year in Item 2.
- d. ☒ A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous program year.

**NOTE: Services that are covered by a qualified contract for all or part of the funding year in Item 2 do NOT require filing of Form 470. A qualified contract is a signed, written contract executed pursuant to posting a Form 470 in a previous program year OR a contract signed on/before 7/10/97 and reported on a Form 470 in a previous year as an existing contract.**

#### 8 ☒ Telecommunications Services

**Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?**

- a. ☐ YES, I have an RFP. Choose one of the following: It is available on the Web at \_\_\_\_\_ or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.
- b. ☒ NO, I do not have an RFP for these services.

**If you answered NO, you must list below the Telecommunications Services you seek. Specify each service or function (e.g., local voice service) and quantity and/or capacity (e.g., 20 existing lines plus 10 new ones). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Telecommunications Services, and remember that only common carrier telecommunications companies can provide these services under the universal service support mechanism. Add additional lines if needed.**

Service or Function:	Quantity and/or Capacity:
Local and Long Distance Services	All 80+ Schools plus admin
Cellular and Paging Services	As needed to support instruction
Data Svcs (DSL, F/R, ATM)	To connect all schools plus admin center
High Bandwidth Svcs (T1 etc)	Selected schools plus admin
OnPremise Equipment for End to End Svcs	80+ schools plus admin
Distance Learning	80+ schools plus admin
Eligible Video and other services	80+ schools plus admin
Wireless WAN	As needed to reach selected schools

**9 ☒ Internet Access****Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?**

a ☒ **YES**, I have an RFP. Choose one of the following: It is available on the Web at  
or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

b ☒ **NO**, I do not have an RFP for these services.

**If you answered NO**, you must list below the Internet Access Services you seek. Specify each **service or function** (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Internet Access Services. Add additional lines if needed.

Service or Function:	Quantity and/or Capacity:
High speed Internet Access	80+ Schools plus admin
Dial up data access	As needed
WAN Services	As Needed

**10 ☒ Internal Connections****Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?**

a ☒ **YES**, I have an RFP. Choose one of the following: It is available on the Web at  
or via ☐ the Contact Person in Item 6 or ☐ the contact listed in Item 11.

b ☒ **NO**, I do not have an RFP for these services.

**If you answered NO**, you must list below the Internal Connections Services you seek. Specify each **service or function** (e.g., local area network) and quantity and/or capacity (e.g., connecting 10 rooms and 300 computers at 56Kbps or better). See the Eligible Services List at [www.sl.universalservice.org](http://www.sl.universalservice.org) for examples of eligible Internal Connections Services. Add additional lines if needed.

Service or Function:	Quantity and/or Capacity:
Internal and Outside Cabling	80+ Schools plus admin
Network Electronics (LAN/WAN)	80+ Schools plus admin
Telephone Systems	80+ Schools plus admin
File Servers & Internet Servers	80+ Schools plus admin
Eligible Maintenance Services	80+ Schools plus admin
Wireless LAN	80+ Schools plus admin
Video and other eligible services	80+ Schools plus admin
VOIP	Selected Schools plus admin
Eligible Applications Software	Selected Schools plus admin
Eligible Professional Services	Selected Schools plus admin
UPS and other eligible hardware	Selected Schools plus admin

**11 (Optional)** Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the signer of this form.

Name:	Title:
Dennis Peterson	Technical Services Manager

Telephone number (10 digits + ext.)  
(816) 418 - 7141

Fax number  
(816) 418 - 7104

E-mail Address (50 characters max.)  
dpeterso@email.kcmsd.k12.mo.us

12. ☐ Check here if there are any restrictions imposed by state or local laws or regulations on how or when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures, and/or give Web address where they are posted.

13. (Optional) Purchases in future years: If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services, summarize below (including the likely time-frames).

### Block 3: Technology Assessment

14. ☐ **Basic telephone service only:** If your application is for basic local and long distance voice telephone service only, check this box and skip to Item 16.

15. Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is ONLY for basic telephone service, you must check at least one box in (a) through (e). You may provide details for purchases being sought.

a. Desktop communications software: Software required ☒ has been purchased; and/or ☒ is being sought.

b. Electrical systems: ☒ adequate electrical capacity is in place or has already been arranged; and/or ☒ upgrading for additional electrical capacity is being sought.

c. Computers: a sufficient quantity of computers ☒ has been purchased; and/or ☒ is being sought.

d. Computer hardware maintenance: adequate arrangements ☒ have been made; and/or ☒ are being sought.

e. Staff development: ☒ all staff have had an appropriate level of training or additional training has already been scheduled; and/or ☒ training is being sought.

f. Additional details: Use this space to provide additional details to help providers to identify the services you desire.

### Block 4: Recipients of Service

#### 16. Eligible Entities That Will Receive Service:

Check the ONE choice that best describes this application and the eligible entities that will receive the services described in this application.

You must select a state if (b) or (c) is selected: **MO**

a. ☒ **Individual school or single-site library:** Check here, and enter the billed entity in Item 17.

b. ☒ **Statewide application (check all that apply):**

- ☐ All public schools/districts in the state:  
☐ All non-public schools in the state:  
☐ All libraries in the state:

If your statewide application includes INELIGIBLE entities, check here. ☐ If checked, complete Item 18.

c. ☒ **School district, library system, or consortium application to serve multiple eligible sites:**

Number of eligible sites	93
<i>For these eligible sites, please provide the following</i>	
Area Codes (list each unique area code)	Prefixes associated with each area code (first 3 digits of phone number) separate with commas, leave no spaces
816	418, 435, 871

If your application includes INELIGIBLE entities, check here. ☐ If checked, complete Item 18.

## 17. Billed Entities

Entity Name	Entity Number
KANSAS CITY SCHOOL DISTRICT	137143

## 18. Ineligible Entities

Ineligible Participating Entity	Entity Number	Area Code	Prefix
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## Block 5: Certification

## 19. The applicant includes:(Check one or both)

- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to) elementary and secondary schools, colleges and universities.

## 20. All of the individual schools, libraries, and library consortia receiving services under this application are covered by:

- a. ☐ individual technology plans for using the services requested in the application
- b. ☒ higher-level technology plans for using the services requested in the application
- c. ☐ no technology plan needed; application requests basic local and long distance telephone service only.

21. Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):

- a. ☒ technology plan(s) has/have been approved by a state or other authorized body.
- b. ☐ technology plan(s) will be approved by a state or other authorized body.
- c. ☐ no technology plan needed; application requests basic local and long distance telephone service only. .

22. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

23. ☒ I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.

24. ☒ I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

25. Signature of authorized person: ☒

26. Date (mm/dd/yyyy): 11/20/2001

27. Printed name of authorized person: Elonia Norwood

28. Title or position of authorized person: Exec Director of Info Tech Svcs

29. Telephone number of authorized person: (816) 418 - 7103 ext.

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